



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, ASB TOWER 970  
 P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: 587-0460 FAX: 587-0470  
 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
OKAZAKI	RICHARD	I.	589-5127
MAILING ADDRESS (Street)			FAX
650 WILEI ROAD, SUITE 300			589-5292
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
DIAGNOSTIC LABORATORY SERVICES, INC.			589-5100
MAILING ADDRESS (Street)			FAX
650 WILEI ROAD, SUITE 300			
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
REBECCA ROBERTS			589-5175
MAILING ADDRESS (Street)			FAX
650 WILEI ROAD, SUITE 300			
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        |   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

4-3-07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

RICHARD OKAZAKI

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

PRESIDENT

NAME OF ORGANIZATION (if applicable)

DIAGNOSTIC LABORATORY SERVICES, INC.

TELEPHONE

589-5127

MAILING ADDRESS (Street)

650 WILEI ROAD, SUITE 300

FAX

(City)

HONOLULU

(State)

HI

(Zip Code)

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

4-3-07

(Date)